

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WINSTON-SALEM		STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH PEACE HAVEN ROAD WINSTON SALEM, NC 27104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on January 6, 2016. This facility was first licensed as a Home for the Aged serving 38 residents on November 20, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were noted which will require a new plan of correction	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 1. Based on observation, the facility does not meet NC State Building Code requirements in effect at the time of alteration to the exit door locking arrangements. Findings include: a. Based on interview with staff the front door was changed from "delayed egress" to special locking. The front door has a convenience keypad on both sides of the door to release the magnetic lock, however there is not an on/off emergency release switch on the egress side within 3 feet of the door.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Sprinkler Annual Inspection Report. c) There was not documentation that the routine monthly inspections are being performed on the Range Hood Suppression system in the Kitchen per NFPA 17A.	C 111		

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C 185	Continued From page 2	C 185		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, fire drills are not being performed on each shift each quarter. Findings include: Records indicate that in the 2nd quarter of 2015 there were no 3rd shift fire drills.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. <p>Findings include:</p> <ol style="list-style-type: none"> There are a number of doors which have gaps around them when closed to include, D2, D4, A5, C1. The D Hall Mechanical room has an unprotected penetration in the right wall. The Resident Care Coordinators office has an unprotected penetration in the ceiling. The A Hall Exit vestibule has nail pops in the ceiling and unprotected wall penetrations. The Maintenance Shop has an unprotected wall penetration by cable The C Hall Med Room walls have unprotected penetrations In the G Hall mechanical room the fire collars are coming loose from the ceiling. In the A Hall Exit vestibule the ceiling hatch was left open. The attic smoke barrier wall over the cross corridor doors near room B2 has an unprotected penetration by wire near the smoke damper. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. <ol style="list-style-type: none"> Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. <p>Findings include:</p>	C 189		

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C 189	Continued From page 4 The following doors have issues: a) C Hall Exit door has a broken door casing, b) Vestibule Exit door near A3 door scrubs frame and will not close and latch, c) Maintenance Shop door is wedged open 3. Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: Exit signs are not working in the following locations: a) Exit sign on back right corridor at the B Hall Dining Room does not illuminate. b) Exit sign at front Exit to Day Room does not illuminate. c) Exit sign at rear Exit to Day Room does not illuminate.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and	C 199		

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C 199	Continued From page 5 (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings include: The exhaust fan in the bathroom in room D6 is not working.	C 199		